

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097868909** FILING 1
APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓	↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓
TOTAL CLAIMS	↓	↓	↓	↓	↓

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TOTAL DEP.	↓	↓	↓	↓
TOTAL CLAIMS	↓	↓	↓	↓

BEST AVAILABLE COPY